

Vaccine Retrieval Policy Power Outages/Disasters

Agency/Clinic Name

1. Responsible for vaccine retrieval activities:

NAME	TITLE	HOME PHONE
Primary Person		
Backup Person		

2. Vaccine will be taken to the following location with a backup generator:

PRIMARY LOCATION NAME AND TELEPHONE	NAMES OF PRIMARY AND BACK UP CONTACT	HOME TELEPHONE NUMBER

BACK UP LOCATION NAME AND TELEPHONE	NAMES OF PRIMARY AND BACK UP CONTACT	HOME TELEPHONE NUMBER

3. Vaccine will be transported to maintain the proper cold chain. In order to accomplish this, the following supplies are mandatory:

Cooler, Dry Ice/Blue Polar Packs, Thermometer

4. Document the time of vaccine retrieval as well as the temperature of the refrigerator and freezer. If there is a question of the efficacy of the vaccine, please call the manufacturer listed below.

5. If a back up generator is available, ensure that the generator is functional

AVENTIS (800) 822-2463
CHIRON VACCINES: (800) 244-7668 **NEW**
GLAXO SMITHKLINE (888) 825-5249 **NEW #**
MERCK (800) 672-6372
WYETH (800) 666-7248 **NEW#**

Date of Review _____
Person Reviewing _____